

**TRUSTMARK INSURANCE COMPANY**  
**400 Field Drive**  
**Lake Forest, Illinois 60045**  
**(We, Us and Our)**  
**(847) 615-1500**

**DISABILITY INCOME PROTECTION COVERAGE**

**OUTLINE OF COVERAGE**

**READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Trustmark Insurance Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

**Renewability.** Your policy is guaranteed renewable to the policy anniversary on or next following your 72nd birthday. Your premium can be changed only if we change it on all similar policies in force in your state.

**Disability Income Coverage.** Policies of this category are designed to provide you with coverage for disabilities resulting from covered accidents or covered sicknesses, subject to any limitations set forth in the policy. This policy does not cover basic hospital, basic medical-surgical, or major medical expenses.

**Benefits for Total Disability.** Benefits are payable if you become totally disabled due to a covered accident or covered sickness, based on the plan you choose.

If benefits are payable for less than a full month, we will calculate benefits on a daily basis. A month is 30 days. The daily amount is one-thirtieth of the monthly amount.

During the first year of disability, total disability or totally disabled means you are:

- (1) Unable to work at Your Job; and
- (2) Not, in fact, working at your place of employment for pay or benefits; and
- (3) Under a Doctor's care for the injury or covered sickness causing such total disability.

After the first year of disability, if applicable, total disability or totally disabled means you are:

- (1) Unable to work at any job for which you are qualified by reason of education, training or experience; and
- (2) Not, in fact, working at any gainful job for pay or benefits; and
- (3) Under a Doctor's care for the injury or covered sickness causing such total disability.

In addition to the above, If you do not have a job when you become totally disabled, we will pay benefits only as long as your disabling condition, as confirmed by your Doctor, requires you to remain at home.

If you become disabled because of a Pre-Existing Condition, we will not pay for a disability period if it begins during the first 12 months after the policy effective date, unless Pre-Existing Conditions are not listed as an exclusion in the policy.

A Recurrent Disability will be treated as:

- (1) A continuation of the previous disability, not a new disability, if you have returned to work for less than 6 months;
- (2) A new disability, if you have returned to work for 6 months or more, working at least the same number of hours you were working before the previous disability began;
- (3) A new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for 6 months or more; and
- (4) A continuation of the previous disability for any circumstances not specifically listed above.

Any Recurrent Disability caused by a Pre-Existing Condition will not be covered if it is treated as a continuation of the previous disability unless Pre-Existing Conditions are not listed as an exclusion in the policy.

A new disability is subject to a new Elimination Period and a new maximum benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period, and a new maximum benefit does not apply.

We will pay benefits for only one disability at a time. Coverage will end on the policy anniversary on or next following your 72nd birthday.

**Pregnancy.** Total disability resulting from pregnancy or childbirth is covered the same as any covered accident or covered sickness when such disability begins after the policy has been in effect for a period of 10 months or more from the policy effective date.

**Complications of Pregnancy.** Total disability resulting from complications of pregnancy is covered the same as any covered accident or covered sickness when such disability begins after the policy effective date. Benefits will not be paid if the complications of pregnancy are Pre-Existing Conditions, unless Pre-Existing Conditions are not listed as an exclusion in the policy.

**Waiver of Premium.** We will waive a specified amount of premium while you are disabled, as long as the disability results from a covered accident or sickness and the disability continues for 90 days, or after the Elimination Period, whichever is longer.

**Geographical Limitations.** If you become totally disabled due to a covered accident or a covered sickness while you are outside the covered geographical areas and you are disabled longer than the Elimination Period shown in the schedule, your maximum benefit period while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

After the 60 day period, benefits will not be paid until you return to the covered geographical areas. If you are still totally disabled as defined in the policy when you return from outside the covered geographical areas, we will determine your remaining benefit period by subtracting the time period for which we have already paid you benefits from the maximum benefit period shown in the schedule. We will pay the monthly benefit amount shown in the schedule up to the remaining maximum period.

**Elimination Period** means the number of days after the date of disability that must elapse before benefits become payable.

**Pre-Existing Condition** means a sickness or physical condition for which you were treated, received medical advice or had taken medicine within 12 months before the policy effective date.

**Recurrent Disability** means your becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions within 6 months after the end of a previous disability that is due to the same or related cause. The latter disability will be considered a Recurrent Disability.

**Your Job** means the substantial and material duties of the Full Time employment you are engaged in at the time you become disabled.

**What is Not Covered by the Policy.** We will not pay benefits for losses that are caused by or occur as the result of your:

- Involvement in any period of armed conflict, even if it is not declared;
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger;
- Participating or attempting to participate in an illegal activity;
- Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- Having a Pre-Existing Condition as described and limited in this policy; unless otherwise specified in the policy;
- Having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under this policy; and
- Having a work-related Injury.